

TO: FACILITY ADMINISTRATOR

FROM: OFFICE OF INTERDEPARTMENTAL REGULATION

SUBJECT: **SANITATION INSPECTION**

Section 330.C of the *Interdepartmental Standards* requires that each facility be inspected and approved by State or local health authorities at the time of initial application for licensure/certification and at least annually thereafter.

Enclosed is a three-copy set of the “Report of Sanitation Inspection,” Form #032-05-555. You will need to contact your local, county, or city health department as soon as possible to request a sanitation inspection. Identify yourself as representing a children’s residential facility subject to regulation through the interdepartmental regulatory program. Facility personnel will need to complete the first two lines of the “Report” to provide demographic data about the facility, prior to the inspection.

Return the original of the completed “Report of Sanitation Inspection” to your lead regulatory authority. The yellow and pink copies of the inspection form may be retained by you and the sanitarian for your respective files.

If you need further clarification please contact this Office for assistance.

Attachment

(Revised 07/00)

REPORT OF SANITATION INSPECTION
INTERDEPARTMENTAL REGULATION OF RESIDENTIAL FACILITIES FOR CHILDREN
TELEPHONE (804) 692-1960
DEPARTMENTS OF EDUCATION; MENTAL HEALTH, MENTAL RETARDATION AND
SUBSTANCE ABUSE SERVICES; SOCIAL SERVICES; AND YOUTH AND FAMILY SERVICES

Name of Facility: _____ Licensed Capacity: _____
Name of Operator: _____ Address: _____

Building(s) Inspected (Please List): _____

I. General Sanitation

- A. Approved by Health Department: _____ Yes _____ No
B. Describe Violations: _____

C. Time given to correct violations: _____

II. Sewage Disposal System _____ Public _____ Non-Public

- A. Owned by: _____
B. Approved by Health Department: _____ Yes _____ No

III. Water Supply _____ Public _____ Non-Public

- A. Owned by: _____
B. Approved by Health Department: _____ Yes _____ No

IV. Swimming Pool

- A. Pool meets Health Department guidelines or local swimming pool ordinance, where applicable: _____ Yes _____ No _____ No Pool
(Attach a copy of Swimming Pool Inspection Report Form LHS-182 or equivalent)

V. Food Service Operations

Apply The Rules and Regulations of the Board of Health Governing Restaurants

- A. Type of Semi-public Restaurant Operated by Residential Facility:
_____ Semi-public restaurant serving 13 or more recipients of service
_____ Semi-public restaurant serving 12 or less recipients of service
B. Approved by Health Department _____ Yes _____ No
C. Describe Violations: _____

D. Time given to correct violations _____
(Attach a copy of Food Service Inspection Report Form CHS-152)

VI. Summary

- A. Specify any additional health hazards observed: _____

B. Time given to correct hazards: _____
C. Do you plan a follow-up inspection to verify correction of the above violation(s): _____ If yes, anticipated date _____

(Signature of Local Health Director or Designee)

(Mailing Address of Sanitarian)

(Signature of Facility Representative)

(Date of Inspection)

(Telephone Number of Sanitarian)